

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045420

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11433

STATE FILE NUMBER

FILED DEC 5 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (if outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

19 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Homer G. Phillips

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

Inside Limits

Yes ☐ No ☐

c. CITY
OR
TOWN St. Louis

d. STREET
ADDRESS (If outside, give location)

1205 Jones St.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

A.D.

Ezell

4. DATE
OF
DEATH

Month

Day

Year

11-15-63

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married

Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-27-15

9. AGE (last birthday)

47

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

luggage

10b. KIND OF BUSINESS OR INDUSTRY

packing house

11. BIRTHPLACE (City and state or country)

Meridian, Miss.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Jim Ezell

13b. MOTHER'S MAIDEN NAME

Mary D. unknown

14. NAME OF HUSBAND OR WIFE

Leora Ezell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Leora Ezell 1205 Jones St.

18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Shock, Hemorrhagic Pan creatitis, resulting from gunshot wound; Following injuries suffered when shot with gun in hands of one, Rosa Green, in front of about 1302 W. Prairie Ave., about 1240 AM on October 27-1963.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I

Excusable Homicide

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes ☐

No ☐

Unknown ☐

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

9811 See above

20c. TIME OF INJURY

Hour Month, Day, Year

1240 p.m.

10-27-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Street

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

26. Louis, Mo.

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor, Coroner

22b. ADDRESS

1300 Clark Ave.

22c. DATE SIGNED

11-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

11-21-1963

23c. NAME OF CEMETERY OR CREMATORY

Oakdale

23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Dunn Funeral Home 3847 Page Bl.

25. DATE RECD. BY LOCAL REG.

NOV 19 1963

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur L. Heilbard

Licensed Embalmer No. 4221

P. O. Address 3100 Easton Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.